Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: BEST PLACE 2 B (0009035)

Address: 2941 SHADY LANE, WISCONSIN RAPIDS, WI 54494

License Status: REGULAR

Licensed/Certified/Registered 07/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097022 End Date: 04/24/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009557 Served 05/26/2006

Deficiencies Cited Subject Area

88.06(3)(f) REVIEW OF ISP

Compliance

<u>Verified</u> <u>Corrected</u>

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0094261 End Date: 01/25/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009368 Served 03/17/2005

		Compliance	
Deficiencies Cited	Subject Area	Verified	Corrected
88.03(2)(b)2	PROGRAM STATEMENT	04/24/2006	Yes
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE	04/24/2006	Yes
88.05(3)(b)	FREE OF HAZARDS	04/24/2006	Yes
88.06(3)(f)	REVIEW OF ISP	04/24/2006	No
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS	04/24/2006	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	04/24/2006	Yes
88.07(4)(e)	SPECIAL DIETS	04/24/2006	Yes
88.08	TERMINATION OF PLACEMENT	04/24/2006	Yes
88.10(3)(a)	FAIR TREATMENT	04/24/2006	Yes
88.10(3)(b)	PRIVACY	04/24/2006	Yes
88.10(3)(g)	CLOTHING AND POSSESSIONS	04/24/2006	Yes

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 03/14/2005 SOD #10009368 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

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PROGRAM SERVICES

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History Date Complaint Received: 12/01/2005 Date Investigation Completed: 04/24/2006 Subject Area(s) Result SOD# **NUTRITION & FOOD SERVICES** NOT SUBSTANTIATED STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED Date Complaint Received: 12/14/2004 **Date Investigation Completed: 01/25/2005** Subject Area(s) Result SOD# **SUPERVISION SUBSTANTIATED** 10009368 NOT SUBSTANTIATED RESIDENT BEHAVIOR/FACILITY PRACTICE PHYSICAL PLANTS & SAFETY HAZARDS **SUBSTANTIATED** 10009368 10009368 NUTRITION & FOOD SERVICES **SUBSTANTIATED**

10009368

SUBSTANTIATED

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